Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: PINES II (510316)

Address: 1885 N RICE LAKE RD, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 08/01/1983

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0097101 End Date: 04/26/2006 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006301 Served 05/24/2006

:y:	#10006301 Served 05/	724/2006		
			<u>Compliance</u>	
	Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
	83.15(1)(c)1	ADEQUATE STAFFING		
	83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER		
	83.35(7)(a)3	HANDWASHING FACILITIES		
	83.41(10)(a)	BUILDING MAINTENANCE		
	83.41(10)(b)	MECHANICALS IN GOOD REPAIR		
	83.41(10)(e)	STORAGE IN ORDERLY CONDITION		
	83.41(5)(a)5	BATHROOMS SHALL BE CLEAN		
	83.41(9)	CLEANLINESS OF ROOMS		
	83.42(7)(b)	DESIGNATED SMOKING		
	83.55(4)(a)	OUTLET AND SWITCH LOCATIONS AND WIRES		

Provider Inspection Summary

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Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0095349 End Date: 07/18/2005 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009751 Served 08/10/2005

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.14(1)(a)	CLIENT RELATED TRAINING	09/12/2005	Yes
83.14(1)(a)1	RESIDENT RIGHTS	09/12/2005	Yes
83.14(1)(a)2	CHALLENGING BEHAVIORS	07/18/2005	Yes
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	07/18/2005	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	07/18/2005	Yes
83.14(7)(b)	CONTINUING EDUCATION	07/18/2005	Yes
83.17(1)	RESIDENT FUNDS-AUTHORIZATION	07/18/2005	Yes
83.17(3)(b)1	MORE THAN \$200 DEPOSITED IN SAVINGS	07/18/2005	Yes
83.17(4)	FINAL ACCOUNTING	07/18/2005	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	07/18/2005	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/26/2006	Yes
83.32(2)(a)1	PHYSICAL HEALTH	07/18/2005	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	07/18/2005	Yes
83.33(3)(a)	MEDICATIONS	09/12/2005	Yes
83.33(3)(d)2	SUPERVISED SELF-ADMINISTRATION	09/12/2005	Yes
83.36(1)	PETS	07/18/2005	Yes
83.41(1)(g)2.a	SEPARATE BED	07/18/2005	Yes
83.41(10)(a)	BUILDING MAINTENANCE		
83.41(2)(b)1	A CLEAN PILLOW	05/02/2006	Yes
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN		
83.41(5)(d)4	APPROVED WELLS WATER SAMPLED ANNUALLY	03/31/2005	Yes
83.42(8)(a)	FIRE EXTINGUISHER	04/06/2005	Yes
83.42(9)	EXTINGUISHER MOUNTING	04/05/2005	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	06/22/2005	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	06/22/2005	Yes

Provider Inspection Summary

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Survey ID: 0094518 End Date: 03/29/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006303 Served 04/06/2005

1110000505 BCITCG	1,00,2005		
		<u>Compliance</u>	
<u>Deficiencies Cited</u>	Subject Area	<u>Verified</u>	Corrected
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	07/25/2005	Yes
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND	07/25/2005	Yes
	REQUIREMENT		
83.14(1)(a)1	RESIDENT RIGHTS	07/18/2005	Yes
83.14(1)(a)2	CHALLENGING BEHAVIORS	07/18/2005	Yes
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	07/18/2005	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	07/18/2005	Yes
83.14(7)(b)	CONTINUING EDUCATION	07/18/2005	Yes
83.17(1)	RESIDENT FUNDS-AUTHORIZATION	07/18/2005	Yes
83.17(3)(b)1	MORE THAN \$200 DEPOSITED IN SAVINGS	07/18/2005	Yes
83.17(4)	FINAL ACCOUNTING	07/18/2005	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	07/18/2005	Yes
83.32(2)(a)1	PHYSICAL HEALTH	07/18/2005	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	07/18/2005	Yes
83.36(1)	PETS	07/18/2005	Yes
83.41(1)(g)2.a	SEPARATE BED	07/18/2005	Yes
83.41(5)(d)4	APPROVED WELLS WATER SAMPLED ANNUALLY	03/31/2005	Yes
83.42(8)(a)	FIRE EXTINGUISHER	04/06/2005	Yes
83.42(9)	EXTINGUISHER MOUNTING	04/05/2005	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	06/22/2005	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	06/22/2005	Yes

Survey ID: 0094192 End Date: 02/25/2005 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Printed 07/28/2006

Provider Inspection Summary

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Madison WI 53701-2969

Survey ID: 0091098 End Date: 09/26/2003 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006313 Served 09/30/2003

Deficiencies Cited
83.11(3)(a)Subject Area
RESPONSIBILITIESCorrected
Verified
01/23/2004Corrected
Yes

Survey ID: 0090659 End Date: 07/03/2003 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006289 Served 07/16/2003

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		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.11(1)(a)	FINANCIAL STABILITY	08/22/2003	Yes
83.14(7)(b)	CONTINUING EDUCATION	08/22/2003	Yes
83.15(2)(a)	WRITTEN STAFFING SCHEDULE	08/22/2003	Yes
83.18(1)(d)4	DESCRIPTION HARMFUL BEHAVIOR PATTERNS	08/22/2003	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	08/22/2003	Yes
83.32(2)(d)	REVIEW OF PROGRESS	08/22/2003	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	08/22/2003	Yes
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	08/22/2003	Yes
83.41(10)(a)	BUILDING MAINTENANCE	08/22/2003	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	08/22/2003	Yes
83.41(4)(b)1	OIL FURNACE SERVICED ANNUALLY	08/22/2003	Yes
83.41(9)	CLEANLINESS OF ROOMS	08/22/2003	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	08/22/2003	Yes

Provider Inspection Summary

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P.O. Box 2969
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Enforcement History

Date: 05/22/2006 SOD #10006301 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

FORFEITURE---83.15(1)(c)1

FORFEITURE---83.41(10)(a)

FORFEITURE---83.41(10)(b)

FORFEITURE---83.41(10)(e)

FORFEITURE---83.41(5)(a)5

Date: 08/05/2005 SOD #10009751 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(1)(a)

FORFEITURE---83.33(3)(d)2

Date: 02/25/2005 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

CONDITIONS PLACED ON LICENSE

NO NEW ADMISSIONS

Date: 09/29/2003 SOD #10006313 Appealed: No

Sanctions

FORFEITURE---83.11(3)(a)

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Date: 07/15/2003 SOD #10006289 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION NO NEW ADMISSIONS OTHER SANCTION FORFEITURE---83.11(1)(a) ongoing \$10/day FORFEITURE---83.34(7)(b) FORFEITURE---83.34(10)(a)

Subject Area(s)

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY)

STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969

Madison WI 53701-2969

Complaint History Date Complaint Received: 01/27/2006 Date Investigation Completed: 05/02/2006 Result SOD# HOMELIKE ENVIRONMENT & CLEANLINESS **SUBSTANTIATED** 10006301 Date Complaint Received: 03/17/2005 **Date Investigation Completed: 03/29/2005**

Subject Area(s) Result SOD# RESIDENT BEHAVIOR/FACILITY PRACTICE **SUBSTANTIATED** 10006303